



ROCHESTER

Minnesota

FIRST CLASS CITY • FIRST CLASS SERVICE



AARON S. REEVES, ICMA-CM
City Clerk
201 4th Street SE, Room 135
Rochester, MN 55904-3742
(507) 328-2900
FAX (507) 328-2901

ETHICS ORDINANCE DISCLOSURE FORM

NAME: May Dondia
ADDRESS: 1180 60th Street SW
CITY, STATE, ZIP CODE Rochester, MN 55902

City of Rochester Employees:

1. What is your job title or position with the City of Rochester? N/A
2. What city department is this position associated with? N/A
3. When did you begin your employment? N/A

City of Rochester Volunteers:

1. What is the board or commission on which you serve? Fire Civil Service Commission
2. When were you appointed to this position? March 2013

For the next set of questions, the word "interest" means a substantial financial interest (through your ownership of stocks, bonds, notes or other securities). The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance
Disclosure Form
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1. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

None

2. Please list any interests you have in a business doing business with the City.

None

3. Please list any interest you have in any business located within, or doing business in, the City.

None

4. List any and all employment. *Mayo Clinic*

5. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

United Way Women's Leadership Council

I hereby certify that the above information is complete and accurate.

Mary Jordan

Signature

1-20-2016

Date

Please mail completed and signed form to:
Anron Reeves, CMC, City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742
6.15.15